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Research

Physiotherapy students and clinical educators perceive several ways in which incorporating peer-assisted learning could improve clinical placements: a qualitative study

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KEY WORDS

Education
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ABSTRACT

Question: What are the experiences of students and clinical educators in a paired student placement model incorporating facilitated peer-assisted learning (PAL) activities, compared to a traditional paired teaching approach? **Design:** Qualitative study utilising focus groups. **Participants:** Twenty-four physiotherapy students and 12 clinical educators. **Intervention:** Participants in this study had experienced two models of physiotherapy clinical undergraduate education: a traditional paired model (usual clinical supervision and learning activities led by clinical educators supervising pairs of students) and a PAL model (a standardised series of learning activities undertaken by student pairs and clinical educators to facilitate peer interaction using guided strategies). **Results:** Peer-assisted learning appears to reduce the students' anxiety, enhance their sense of safety in the learning environment, reduce educator burden, maximise the use of downtime, and build professional skills including collaboration and feedback. While PAL adds to the clinical learning experience, it is not considered to be a substitute for observation of the clinical educator, expert feedback and guidance, or hands-on immersive learning activities. Cohesion of the student-student relationship was seen as an enabler of successful PAL. **Conclusion:** Students and educators perceive that PAL can help to position students as active learners through reduced dependence on the clinical educator, heightened roles in observing practice, and making and communicating evaluative judgments about quality of practice. The role of the clinical educator is not diminished with PAL, but rather is central in designing flexible and meaningful peer-based experiences and in balancing PAL with independent learning opportunities. **Registration**: ACTRN12610000859088. [**Sevenhuysen S, Farlie MK, Keating JL, Haines TP, Molloy E (2015) Physiotherapy students and clinical educators perceive several ways in which incorporating peer-assisted learning could improve clinical placements: a qualitative study. *Journal of Physiotherapy* 61: 87–92**]

Introduction

Health services that provide clinical education are feeling significant strain as university programs and student numbers grow[1] in response to health professional workforce shortages.[2] Approaches to clinical education are also being examined for quality and sustainability.[3,4] Clinical educators report that student education can be burdensome and stressful.[5,6] Students report that placement experiences can provoke high levels of anxiety,[7] and sometimes do not provide adequate learning experiences.[3]

Universities have adopted student-centred, collaborative learning models, supported by research;[8] however, education in the clinical setting has largely retained traditional models. In physiotherapy clinical education, a clinical educator can supervise one student, or more than one student concurrently. Where students work together in pairs or larger groups, clinical educators can consider implementing peer-assisted learning (PAL). Reviewers in this field have concluded that PAL models enhance placement outcomes and carry the additional benefit of addressing capacity issues.[9,10]

Peer-assisted learning has been defined as 'the acquisition of knowledge and skill through active helping and supporting among status equals or matched companions'.[8] The company of another student on placement appears to reduce student anxiety and aid learning.[9,10] Advantages for the clinical educator, such as reduced burden, have also been reported,[11,12] but without high-quality evidence, the 2:1 model cannot be confidently recommended over the 1:1 approach.[13]

How PAL placement models are enacted in practice might differ with placement environment, the effectiveness of the peer relationship, and the beliefs and preparation of the student and educator.[11,14,15] Peer interactions can vary from social

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support to formalised peer-assisted patient-based learning tasks.

A recent randomised, controlled trial, comparing a formalised PAL model with a traditional approach for pairs of physiotherapy students, found similar student performance outcomes.[16] However, both students and clinical educators reported dissatisfaction with the rigidity of the prescribed PAL model. They reported plans to use more flexible PAL models in the future. A qualitative study utilising focus groups to enable an in-depth investigation of educator and student experience of PAL may provide insights into the aspects of PAL that are more satisfactory to incorporate into paired student placement models, which will support further refinement of the PAL model.

Therefore, the research question for this study was:

What are the experiences of students and clinical educators in a paired student placement model incorporating facilitated peer-assisted learning activities, compared to a traditional paired teaching approach?

Method

Design

Participants in this study had participated in a prospective, cross-over, randomised trial[16] that compared two models of physiotherapy clinical education: a traditional paired model and a PAL paired model.[17] Students were randomly paired and allocated to either the traditional or PAL model for their 5-week cardiorespiratory and neurology placements. Student pairs remained the same for both placements.

The PAL model[17] included PAL-specific standardised activities (Table 1), in addition to typical learning activities such as involvement in patient care, team meetings, tutorials and administration. PAL activities could be aligned to student learning needs, but a minimum number of activities was mandated (Table 1). The traditional model involved the usual practice of clinical educators supervising students in pairs. In the traditional model, the design of the placement activities was at the discretion of the educator and PAL activities were not specifically facilitated or scheduled.

A physiotherapist, who was external to the research team, health service and university, facilitated three focus groups of students (FG1, FG2, FG3), after they had participated in both models, to investigate their experiences. A member of the research team, who was employed by the university but had no relationship with the health service, facilitated two focus groups of clinical educators (FG4, FG5). Both facilitators had extensive experience in leading focus groups. The opening focus group questions were broad and designed to invite participants to describe their experiences. The questions then progressively focused on how PAL was utilised and how it contributed to, or detracted from, the educational experience in both models. Focus groups were 60 to 90 minutes in duration and were audio-recorded and transcribed verbatim.

Participants

The third-year students were studying for a 4-year undergraduate physiotherapy degree. The clinical educators were physiotherapists from a tertiary metropolitan health service (including acute, subacute and community settings) with student supervision responsibilities as part of their role.

Data analysis

Qualitative analysis was based on Thematic Analysis techniques.[20] Three researchers (SS, MF, EM) independently 'open' coded the data for themes and subthemes. An extended analysis framework was developed, based on these triangulated codes, cross-checked against the transcripts, circulated to all researchers, discussed, and adjusted to reflect any key themes in the data.

Results

Twenty-two students and 12 educators participated in the focus groups. Their demographic characteristics are presented in Table 2.

Qualitative analysis

Three overarching themes emerged: what PAL can do, what PAL cannot replace, and cohesion of the student-student relationship. The subthemes relating to these broader themes are bolded within the text and summarised in Boxes 1 to 3.

Theme 1. What peer-assisted learning can do

Students described clinical education as a stressful experience, but the presence of a peer alleviated some of the perceived pressure. Participants used the term 'PAL' as an umbrella term to describe many forms of peer interaction, from informal peer support in the lunchroom to formalised patient-based peer learning tasks. Students considered that informal peer support during both PAL and the traditional model, and structured support during PAL, **reduced anxiety** associated with clinical education.

> *Instead of just being thrown in the deep end, to do a subjective [history taking] on your own, complete an assessment on your own, it was good to have that person there to bounce ideas off. We could write out a plan together and we followed through together. Just having the confidence, reliance on someone else, made it easier* (student, FG2).

The notion of learning through informal conversations was articulated by students.

> *I think I learnt more [in PAL]. We helped each other to reflect. You could talk about what you did and how you could do it differently. We would sit down and debrief with each other and go 'how can we be different tomorrow?'* (student, FG2).

Students perceived that the presence of a peer enabled a **safe learning environment**. Students could question and debrief with their peer without fear of this impacting on their summative assessment, in contrast to discussions with a clinical educator. This was reported to have occurred informally in both the PAL and traditional models.

> *Even just asking silly questions you don't want to ask your supervisor because you think you might get marked down. It holds you back from asking some questions* (student, FG1).

Clinical educators perceived that their **burden was reduced** when students in either the PAL or traditional model provided this level of support to one another, instead of always turning to the educator.

Table 1
The peer-assisted learning model.[17]

Domain	Feedback				Clinical reasoning	Risk identification
Tool	Peer feedback book	Educator feedback book	Peer observation form	Verbal feedback triad	SNAPPS [18]	Complexity-Risk Matrix [19]
Structure	Unstructured	Unstructured	Structured	Unstructured	Structured	Structured
Minimum frequency	2/student/wk	2/student/wk	2/student/wk	1/pair/wk	3/pair/wk	2/pair/placement